

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4056</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JOHN P DAILY</u> P.O. Box, Bldg., Room No., if any Street <u>11407 ROGIERO AVE.</u> City <u>LAKE VIEW TERRACE</u> State <u>CA</u> ZIP Code + 4 <u>9342-6730</u>	4. Name, file number, and address of labor organization. Name <u>I.A.T.S.E LOCAL 80</u> Labor Organization File Number <u>006-114</u> P.O. Box, Building and Room Number, if any Street <u>2520 W. OLIVE AVE.</u> City <u>BURBANK</u> State <u>CA</u> ZIP Code + 4 <u>91505</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>SEE ATTACHED</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>SEE ATTACHED</u> 7.b. Amount <u>SEE ATTACHED</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>GRIPS FROM HEAL, INC.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>11407 RUGGIERO AVE.</u></p> <p>City <u>LACE VIEW TERRACE</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>91342</u></p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;">b. Trust</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: <u>SEE ATTACHED</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;"><u>SEE ATTACHED</u></p>
<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><u>SEE ATTACHED</u></p>
<p>12.b. Amount.</p>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p>

**LM-30 J. Patrick Daily**

**Part B.**

- 10. Skipping Christmas Production  
C/o Revolution Studios  
2900 West Olympic Blvd.  
Santa Monica, CA 90404  
310 264-4253
- 11a. Motion Picture Grip Equipment Rental
- 11b. \$44461.18
- 12a. 50% partner in corporation. Zero income this year.
- 12b. \$0.00
- 10. Sony Pictures Studios  
Scene Dock #3  
10202 West Washington Blvd.  
Culver City, CA 90232-3165  
310-244-3265
- 11a. Motion Picture Grip Equipment Rental
- 11b. \$2322.00
- 12a. 50% partner in corporation. Zero income this year.
- 12b. \$0.00
- 10. Hazardous Production LLC  
13000 Florida Blvd.  
Baton Rouge, LA 70815  
225-273-4588
- 11a. Motion Picture Grip Equipment Rental
- 11b. \$4000.00
- 12a. 50% partner in corporation. Zero income this year.
- 12b. \$0.00

**Form LM-30 J. Patrick Daily**

**Part A.**

6. Skipping Christmas Productions LLC.  
300 W. Olympic Blvd. Bldg.#2, Rm #2525  
Santa Monica, CA 90404  
310) 449-4033

7a. Kit Rental for Motion Picture Key Grip

7b. \$5620.00

6. Thirteen Productions LLC  
300 W. Olympic Blvd. Bldg.#2, Rm #2525  
Santa Monica, CA 90404  
310) 449-4033

7a. Kit Rental for Motion Picture Key Grip

7b. \$720.00

6. Hazardous Production LLC  
13000 Florida Blvd.  
Baton Rouge, LA 70815  
225-273-4588

7a. Kit Rental for Motion Picture Key Grip & Equipment Rental

7b. \$2376.00